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CONFIRMATION NO. 1945

SERIAL NUMBER 08/833,095	FILING OR 371(c) DATE 04/04/1997 RULE	CLASS 382	GROUP ART UNIT 2721	ATTORNEY DOCKET NO. CUMM:183
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APPLICANTS

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 Evelyn Raterman, Deerfield, IL, Legal Representative;
 Bradford T. Graves, Arlington Heights, IL;
 Aaron M. Bauch, Londonderry, NH;
 Lars Stromme, Lillesand, NORWAY;

**** CONTINUING DATA *******

This appln claims benefit of 60/018,563 05/29/1996
 and claims benefit of 60/034,954 01/16/1997
 and claims benefit of 60/038,340 02/27/1997
 and is a CIP of 08/573,392 12/15/1995 PAT 5,790,697
 which is a CIP of 08/399,854 03/07/1995 PAT 5,875,259
 and is a CIP of 08/394,752 02/27/1995 PAT 5,724,438
 and is a CIP of 08/362,848 12/22/1994 PAT 5,870,487
 and is a CIP of 08/340,031 11/14/1994 PAT 5,815,592
 and is a CIP of 08/317,349 10/04/1994 PAT 5,640,463
 and is a CIP of 08/287,882 08/09/1994 PAT 5,652,802
 and is a CIP of 08/243,807 05/16/1994 PAT 5,633,949
 and is a CIP of 08/226,660 04/12/1994 PAT 6,539,104
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which is a CON of 07/885,648 05/19/1992 PAT 5,295,196
 which is a CIP of 07/475,111 02/05/1990 ABN

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 08/23/1997**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	22	22	2
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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 HOUSTON , TX 77210

TITLE

METHOD AND APPARATUS FOR DISCRIMINATING AND COUNTING DOCUMENTS

FILING FEE RECEIVED 2072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER	087833,095	FILING DATE	XXXXXXXXXXXX	CLASS	XXXXXXXXXXXXXX	SUBCLASS	XXXXXXXXXXXXXX	GROUP ART UNIT	XXXXXXXXXXXXXX	EXAMINER	XXXXXXXXXXXXXX
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